

WESTFIELD RECREATION DEPARTMENT

425 EAST BROAD STREET

WESTFIELD, NJ 07090

COUNSELOR IN TRAINING PROGRAM

PRINT/TYPE ALL INFORMATION

Date: _____

Name: _____
(Last) (First) (Middle Initial)

Address: _____
(Street) (City) (State) (Zip Code)

EMAIL: _____ Home Phone #: _____

CELL #: _____ Emergency #: _____

Date of Birth: ____/____/____ Grade Completing: _____ School: _____

In Case of Emergency Notify: _____ Relationship: _____

Address: _____ Phone #: _____

Site Request: (*No Guarantees*) _____

Have you been employed by the Town before? _____ When: _____ Position Held: _____

Will you be requesting time off during the program, if so when? _____

Please list outside hobbies or Recreation experience that may be of interest. (Examples: specific training, certifications, or programming for children):

Please list any clubs and organizations you belong to: _____

OVER⇒

MUST BE COMPLETING 9TH GRADE EDUCATION

(Please list various educational institutions below)

School & Location

Years Completed

List Specialty Programs

Middle School			
High School			
Vo-Tech			

ANY EMPLOYMENT RECORD

(Please list your most recent position first)

Dates

Your Position

Reason for Leaving

REFERENCES:

(Please list 3 references you have known for at least two years & omit any relatives)

Name

Address

Occupation/Phone #

Years Known

I hereby certify that the information that I have provided in this application is accurate.

(Applicant Signature)

(Date)